AHCCCS CLAIMS CLUES

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AHCCCS PROVIDER PARTICIPATION TERMINATED FOR INACTIVITY

An AHCCCS provider's participation in the AHCCCS program may be terminated for several reasons, including inactivity. Provider participation may be terminated if the provider does not submit a claim to the AHCCCS Administration or one of the AHCCCS-contracted health plans or program contractors within the past 24 months. If AHCCCS had not received a claim or an encounter for the past 24 months, these providers were terminated effective June 2008.

A new registration packet will be required to reactivate providers who reapply following termination for inactivity.

Providers should refer to Chapter 3 of the AHCCCS Fee for Service Provider Manual for information on provider participation.

AHCCCS AMERICAN INDIAN HEALTH PROGRAM

After extensive consultation with IHS (Indian Health Services) and the Native American Tribes, AHCCCS is changing the name of our current IHS/AHCCCS population to ***AHCCCS American Indian Health Program*** effective 10/1/2008. This name change is gradually taking place over the next few months as we work to make changes to the AHCCCS ID cards, AHCCCS web site and other official documents and manuals.

IHS REFERRALS

AHCCCS is working towards eliminating the requirement of an IHS referral for certain elective procedures performed at non-IHS facilities for IHS recipients. This change is expected to take place beginning 10/1/2008. More will be published in future Claims Clues issues.

97010 AND A4550 – NON-COVERED EFFECTIVE 10/1/2008

AHCCCS made a decision to change the coverage information associated with HCPCS codes 97010 (Application of a modality to one or more areas; hot or cold packs) and A4550 (Surgical trays) to *non-covered* effective 10/1/2008.

HEMOPHILIA UPDATE 3RD QUARTER

The 3rd Quarter 2008 pricing schedule for Hemophilia products effective 7/1/2008 through 9/30/2008 is currently on the AHCCCS website: http://www/azahcccs.gov/RatesCodes/FFS/Hemophilia/HemophiliaPricing07090908.aspx.

PLACE OF SERVICE (POS) CHANGES

Effective for dates of service on or after June 30, 2008 the CPT code 99058 (Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service) cannot be reported at POS 20 (urgent care facility).

FREE STANDING AMBULATORY SURGERY CENTER (ASC) CODE UPDATES

CMS approved many new ASC codes to be available for payment by Medicare as of January 1, 2008. ***AHCCCS will not be adding the new ASC codes to our system until October 1, 2008.*** Until then AHCCCS will continue to pay ASCs according to the codes and grouped rates as in the past. The list of ASC procedure codes and rates can be found on the AHCCCS website: www.azahcccs.gov/RatesCodes/Default,aspx

Here are some highlights of the new AHCCCS ASC fee schedule effective 10/1/2008:

RATES – As you know, AHCCCS has historically used an ASC Grouper system for pricing, which is no longer supported by CMS. Therefore the new AHCCCS ASC fee schedule will not group rates, but will assign a rate to each allowable code. This structure is very similar to the new Medicare ASC structure, but rates will be AHCCCS specific. Unlike Medicare's ASC fee schedule, AHCCCS will not bundle procedure codes with implants. The new ASC Fee Schedule rates are expected to be available mid to late July.

CODES – This change will also expand access to procedures in the ASC setting by providing payment for approximately 2,000 additional procedure codes formerly not eligible for billing in a Freestanding ASC. All of the allowable codes are expected to be available in the above-mentioned fee schedule mid to late July.

PROCESSING – The new ASC reimbursement system may have fee schedule amounts of zero for codes which are allowable in the ASC, but are included in the fees associated with surgical procedures. Unlike other AHCCCS fee schedules, if the fee for the procedure is $0.00 for the claim date of service the allowed amount for that procedure should be $0.00. The new reimbursement system will also follow Facility (OPFS) Correct Coding Initiatives (CCI). Although our initial considerations also included moving Freestanding ASC billing from the CMS1500/837P Form Type to the UB04/837I Form Type, the final decision was to not make a change at this time to ensure consistency with Medicare (which changed to the CMS1500/837P Form Type of 1/1/2008). We believe the new payment system will promote a better alignment of procedures and their payments and will open many appropriate codes for ASC utilization and allow for more business to be contracted to Freestanding ASC's. AHCCCS has discussed this fee schedule with representative ASC providers and will continue to consult with them as issues arise.

PHYSICIANS ASSISTANTS

Physicians Assistant may now bill AHCCS for the following procedures……

20670 – Removal of implant; superficial (e.g., buried wire, pin or rod) (separate procedure)

20680 – Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)

23440 - 80 – Resection or transplantation of long tendon of biceps – assistant surgeon

24149 – 80 - Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure) – assistant surgeon

24430 – 80 – Repair of non-union or malunion, humerus; without graft (e.g., compression technique) – assistant surgeon

29065 – Application, cast; shoulder to hand (long arm)

29075 – Application, cast; elbow to finger (short arm)

COLLECTION OF CAPILLARY BLOOD SPECIMEN

Effective 10/1/2008, AHCCCS will no longer allow providers to bill separately for CPT code 36416 (Collection of capillary blood specimen (EG, finger, heel ear stick).

ALTCS RECPIENTS LIMITED DENTAL COVERAGE NO LONGER AVAILABLE

With the passing the new Fiscal Year State Budget the ALTCS LIMITED DENTAL COVERAGE benefit is no longer available effective 7/1/2008.

MANDATORY CMS AUDITS – COMING SOON

Payment Error Rate Measurement or PERM is a mandatory Quality Control audit required by the Centers for Medicare and Medicaid Services (CMS) due to the Improper Payments Information Act (IPIA of 2002. The State of Arizona is required to participate in PERM for the Federal Fiscal Year of 2008 which began October 1, 2007 and ends September 30, 2008 and every three years thereafter.

AHCCCS is required to provide the universe of all paid claims on a quarterly basis to a statistical contractor who will select a random sample of claims from the universe to review. AHCCCS has submitted the first 3 universes to this contractor. If a provider is selected in the sample, they will receive a letter from AHCCCS stating that they have claims which have been selected for PERM review. Livanta, the data gathering contractor, will also be sending the provider a letter, requesting ALL MEDICAL DOCUMENTATION to be submitted back to Livanta within sixty (60) days. **If the documentation is not provided within the sixty (60) day time frame, the claim will count as an error for the state. **If partial documentation is received, the sixty (60) day stops and if more documentation is needed a new request for documentation will be sent allowing ONLY FIFTEEN (15) days to provide the necessary documentation. AHCCCS will be providing Livanta with the most current provider address and contact information for requesting the documentation. It is important that you keep your contact information current and your staff informed of this procedure so that the proper medical documentation is sent within the required timeframes.

A third contractor, Health Data Insights, will conduct the claims reviews. All three contractors have been contracted by the Centers for Medicare and Medicaid Services so therefore you do not need to be concerned with providing them patient information as long as it is sent to them in a secure fashion (i.e., secure e-mail).

Providers should expect to see the request for records soon. Should you have questions regarding this upcoming audit, you may contact Kyra Westlake at kyra.westlake@azahcccs.gov.

CHANGES TO THE ELECTRONIC REMITTANCE ADVICE (835)

File naming convention change – The 835 file name will change. Current file naming convention is AZ-835-01-YYYYMMDD-HHMMSS-XXXXXX-L.TXT. Effective September 26th, 2008, the new file naming convention will be AZD835-XXXXXX-XX-YYMMDD-HHMMSS,TXT.

- AZD835-AZ is the state, D is daily, 835 is the transaction number
- XXXXXX represents the AHCCCS provider ID number
- XX is the location code
- YYMMDD is the payment date
- HHMMSS is the process time
- TXT is the file version

Default values when claim is missing HCPCS or Revenue Code – Default values will be used when a claim is missing HCPCS or Revenue Codes, as per HIR 599 and 366.

Claim Status Code – AHCCCS will now indicate if a claim is processed as secondary.

Default date value when claim is missing service begin date and end dates – Default value for missing service begin and end dates will be 19000101, as per HIR 601.

Corrected Patient/Insured Name – Patient Name NM1 segment will reflect the name submitted on the claim and the Corrected Patient/Insured Name NM1 segment will contain the patient name as known to AHCCCS.

Should you have any questions regarding these changes, please initiate a Customer Support ticket by sending your questions via email to EDICustomerSupport@azahcccs.gov. In addition, please periodically check the AHCCCS website for upcoming EDI changes (to be posted soon) at the following URL:
www.azahcccs.gov/HIPAA

EFFECTIVE 10/1/2008, AHCCCS WILL ACCESS FEE TO REPLACE ELECTRONIC REMITS

Electronic remittance files are retained by AHCCCS Online for a 2 week period of time. After this 2 week period AHCCCS removes them from on-line access. Beginning 10/1/2008, AHCCCS will charge a $25.00 fee to have electronic remittance files that have been removed (after 2 week period) re-placed for the provider's access.

PAPER CLAIM SUBMISSION

This is just a reminder that AHCCCS expects any fee for service providers (except Home and Community Based service providers and dental providers) submitting PAPER claims to AHCCCS to use only the "red forms". This includes both UBs and 1500s. AHCCCS' imaging system accepts the "red forms" with less manual intervention, less keying errors and more timely adjudication. Thanks so much for your cooperation.

ON-LINE CLAIM SUBMISSION MANUAL AVAILABLE ON WEBSITE

The AHCCCS On-line Claim Submission Manual is now available on the AHCCCS website. From www.azahcccs.gov, choose "Plans and Providers" from the drop down menu on the left, then choose "Claims Processing". This manual contains step by step instructions on "How to" ……

- Sign On
- Create an ID and Password
- Check Eligibility and Enrollment Status
- Claim Submission
  Professional (1500)
  Institutional (Inpatient UB)
  Institutional (Outpatient/Clinic UB)
  ADA (Dental)8/18/20088/18/2008
- View Claim Status
- Adjustments